

REBECCA H RADCLIFFE COUNSELING

Licensed Clinical Professional Counselor

TELEPSYCHOLOGY INFORMED CONSENT

As your therapist and a Licensed Clinical Professional Counselor, I will make a reasonable effort to protect and maintain the confidentiality of the data and information relating to your client records. I agree to inform you of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies. I will take reasonable steps to ensure that you are competent with the technologies used and understand the potential impact of the technologies on clients/patients, supervisees or other professionals.

As a client receiving psychological services through telepsychology methods, I understand:

1. This service is provided by use of interactive audio, video or other telecommunications or electronic media,” but excludes audio only telephone conversations, email, fax or text for medium of providing psychotherapy. For this practice, my therapist and I will both utilize the Doxy.me software or Zoom meeting via either phone or computer for conducting telepsychology services.
2. I understand there are benefits and limitations to this service. I acknowledge that my therapist has provided me with access and instructions of how to utilize the technology for telepsychology services.
3. I acknowledge I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits. I also may alternate between in person therapy sessions and telepsychology services with this therapist, Rebecca Radcliffe depending on the need, scheduling availability, weather, illness or transportation difficulties. I have already signed a separate informed consent for traditional in-person psychotherapy services at Rebecca H Radcliffe Counseling. This informed consent is specific to telepsychology services.
4. I acknowledge that my therapist has the right to use her own judgment to determine if I am suitable and appropriate client for using Telehealth. I understand that my clinician may request me to be seen in the office as needed and I will comply with these requests.
5. I am aware that there are risks in transmitting information over the internet, laptop or cell phone that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My therapist and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
6. In emergencies, or in the event of disruption of service (for routine or administrative reasons) it may be necessary to communicate by other means. I recognize that my therapist’s cell phone may be used to communicate in these emergencies and that number is 410-929-1869. I may also send securely encrypted messages through TherapyAppointment.com. I acknowledge that if there is any disruption in the connection, clinician will try to re-establish the connection as soon as possible by calling you immediately on your phone number in our files
7. I acknowledge and authorize that insurance companies and third party billers associated with Rebecca H Radcliffe Counseling may have access to records and communications.
8. I acknowledge that it is my responsibility to find a private location, otherwise known as ‘practice setting’, where I will receive telepsychology services. I vow to inform my therapist of any people who will be in the vicinity of me during telepsychology services and provided authorized consent to anyone who is present during telepsychology services.
9. I acknowledge that I must be 18 years or older in order to participate in telepsychology services.
10. I acknowledge my communications exchanged with my psychologist will be stored in the following manner: All telepsychology sessions will be through Zoom Telehealth software. This software is separate from my electronic medical health record and utilizes a regular internet browser that may not

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be secure. I assume the risks of security by utilizing this web browser. I acknowledge that all of my personal health information (clinical notes, demographic information, billing, insurance, diagnoses, scheduling history, other health documents) will not be accessible to Zoom and will be stored separately in the patient portal TherapyAppointment.com. The Therapy Appointment portal is HIPAA approved and securely encrypted with a personal username and password that I have chosen for myself. Thus, no clinical or personal health data will be stored in the Zoom software. Telehealth calls are not recorded and not stored in any virtual software or hard drives.

11. I acknowledge that the laws and professional standards that apply to in-person psychological services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent, but is an add on document specific to telepsychology.

12. I acknowledge that I am a permanent Maryland resident, or the services to me are provided while I am located in Maryland (eg student).

13. I understand and agree that telepsychology sessions will not be used for emergency visits or crisis intervention. During emergency situations I agree to follow up in the office for face to face visit. I understand that in case of an emergency, my clinician will call 911 or a local Mobile Crisis Unit to get me appropriate care.

14. I acknowledge that Telepsychology services will be reimbursed and charged at the same rates as either my normal self-pay agreement or insurance contract.

I acknowledge that I have read and agreed to all of the terms above. After reading this document, I will electronically sign it in the uploaded section of TherapyAppointment.com to signify my understanding and consent for telepsychology services.

Electronic Signature of Client

Date Signed